New York University Hospitals Center
Tisch Anatomic Pathology

Administrative Policy and Procedure Manual

Title: Staffing Plan

Effective Date: 5/13/98
Revised: 12/12/99
04/16/02

Date Reviewed: 4/02 Admin. Appr: Director Appr:
Date Reviewed: 4/03 Admin. Appr: Director Appr:
Date Reviewed: 4/04 Admin. Appr: Director Appr:
11/05

Hours of Operation and Staffing Levels:

Our hours of operation are 6:00am to 5:30am, Monday through Friday and 8:00am to 4:00pm on Saturdays for the technical staff. In addition, Sunday on-call coverage includes: Autopsy and Renal transplant services from 8:00am to 4:00pm. Currently, clerical coverage is 7:30am to 7:00pm from Monday through Friday. Pathologists and residents are available on an on-call basis after the normal hours of operation.

There is an average of 23,000 surgical cases received in Anatomic Pathology annually. This translates into 80 to 100 cases per day or an average of 800 slides per day in the Histology laboratory. Appropriate staffing levels are determined on a daily basis by identifying the quantity of work received and calculating the total required FTE's that are needed in the laboratories. This is used extensively in matching staffing to workload in the Grossing Room, Histology Laboratory, Renal and Electron Microscopy Laboratories. Based on the requirements, laboratory personnel are shifted among the four sections. Please see the attached Shift Schedules.

Adjustments in Staffing:

The use of overtime is determined by the line supervisor for the laboratories. The method of allocating overtime is first determined on a voluntary basis, then mandatory on a rotational basis. Overtime in the office is similarly determined by the Administrative Manager. Typically, overtime is avoided due to the internal shifting of employees in order to meet workload demands. In cases where it is determined that there will be a decrease in workload, i.e., holidays, the staff are encouraged to take vacation time.

The primary tool that is used to determine any adjustments to staffing is an analysis of the shift management reporting system. This system provides us detailed and illustrative information using historical patterns or trends, tracking and forecasting tools.

NYU Hospitals Center
Tisch Pathology Department

Administrative Policy and Procedure Manual

Title: Receipt and Retention of Surgical Gross Specimens
CAP# ANP.03229, 112200,11250,11550
Revised: 3/00, 11/02

Effective Date: 7/7/97, 4/06

Date Reviewed: 4/16	Admin. Appr: SH	Director Appr:
Date Reviewed: 7/07	Admin. Appr: SH	Director Appr:
Date Reviewed: 9/07	Admin. Appr:	Director Appr:

Sufficient space is available in Anatomic Pathology for the receipt, handling, and storage of tissue specimens consistent with optimal patient care. Refrigerated storage is available for large or unfixed specimens. Limbs may be stored in the morgue as necessary. All gross surgical specimens are retained in temporary storage for at least two weeks after the reports have been signed out by the attending pathologist and the results reported to the referring physician.

A list of unsigned cases is produced weekly from the Tamtron system in order to identify cases that can be disposed of.

NYU Hospitals Center
Tisch Pathology Department

Administrative Policy and Procedure Manual

Title: **Specimens Requiring Direct Supervision**

Effective Date: **April 2006** **Revised:**

Date Reviewed: 5/9/06	Admin. Appr:	Director Appr:
Date Reviewed: 7/09/07	Admin. Appr:	Director Appr:
Date Reviewed: 9/24/07	Admin. Appr:	Director Appr:

The Department of Pathology has identified those specimen types that require direct supervision of a non-pathologist. The listing is kept in each grossing area, and updated by the supervisory Pathologist's Assistant whenever the Director of Surgical Pathology determines that a change needs to be made. {See "**Specimens Requiring Direct Supervision**" listing attached.}

In addition, Pathologist's Assistants must alert Attending Pathologists regarding all specimens from patients with unconventional types of specimens, unexpected gross findings, unusual clinical histories, or for which margins need to be evaluated.

NYU Hospitals Center
Tisch Pathology Department

Administrative Policy and Procedure Manual

Title: Specimens Requiring Direct Supervision - Listing

Effective Date: April 2006 **Revised:**

Date Reviewed: 5/06	Admin. Appr:	Director Appr:
Date Reviewed: 7/07	Admin. Appr:	Director Appr:
Date Reviewed: 9/07	Admin. Appr:	Director Appr:

Below is a list of specimens requiring direct supervision of a non-pathologist.

ABDOMINAL AORTIC ANEURYSM CONTENTS
ADENOIDS
AORTIC VALVE
APPENDIX
BREAST IMPLANT AND CAPSULE
BREAST TISSUE FROM BREAST REDUCTION
BUNION
DEBRIDEMENT
DISC
ETHMOID MUCOSA AND BONE
FEMORAL HEAD
FORESKIN
GALLBLADDER
HERNIA SAC
KNEE COMPONENTS
LIPOMA OF CORD
LIPOSUCTION FLUID
MENISCUS
MITRAL VALVE
MORTON'S NEUROMA
NASAL CARTILAGE
NASAL MUCOSA AND BONE
PROSTATE CHIPS (TURP)
PROSTATE GLAND (BPH)
SEPTAL CARTILAGE AND BONE
SKIN
SCAR
STAPES
SYNOVIUM
THROMBUS
THYMUS
TOE
TONSILS, RIGHT AND LEFT
TRACHEAL RING

ULNAR HEAD
URINARY BLADDER (TURB)
VARICOSE VEINS

NYU Hospitals Center
Tisch Pathology Department

Administrative Policy and Procedure Manual

Title: Instructions/Guidelines for Grossing
CAP# ANP. 03233

Effective Date: 7/7/97
Revised: 2/00, 11/05

Date Reviewed: 4/01
Date Reviewed: 7/07
Date Reviewed: 4/07

Admin. Appr: SH
Admin. Appr: SH
Admin. Appr: ____

Director Appr: ____
Director Appr: ____
Director Appr: ____

Guidelines and written instructions have been developed for the proper dissection, description and histologic evaluation, including specimen handling, of various specimen types. These include large or complicated specimen types and smaller specimens requiring special handling, such as muscle biopsies, renal biopsies, and rectal suction biopsies for Hirschsprung's Disease.

The guidelines and written instructions are available at all grossing stations. These guidelines serve a dual purpose in that they function as an educational tool for our residency program and provide consistency in the handling of similar specimen types.

As of November 7, 2005, all tissue received to the grossing room is submitted for microscopic examination, except for hardware, protheses and foreign bodies.

New York University Hospitals Center
Tisch Anatomic Pathology

Administrative Policy and Procedure Manual

Title: Surgical Pathology Reports
CAP# ANP. 03315, 03317, 03318, 03319, 03320
ANP. 03321, 09039, 03322, GEN. 06519

Effective Date: 7/7/97
Revised: 11/02

Date Reviewed: 11/02 Admin. Appr: [signature] Director Appr: [signature]
Date Reviewed: 11/03 Admin. Appr: [signature] Director Appr: [signature]
Date Reviewed: 11/04 11/05 Admin. Appr: [signature] Director Appr: [signature]

Policy:
The content and distribution of surgical pathology reports is consistent with the departmental objective of providing clear, accurate and timely diagnostic findings.

Procedure:
All surgical reports are reviewed and electronically signed by an attending pathologist. The electronic signature appears on the report as "electronically signed out" with the attending pathologist's full name, date and time of sign out.

Routine cases are completed within two working days. This is measured from the time the specimen is accessioned to the time the report is signed out by the attending pathologist. All final, electronically signed reports are distributed via the Tamtron fax server at the time of sign out, inter-office mail or regular mail. Complex or unusual cases requiring additional fixation or decalcification may extend beyond the two-day standard for case sign out. In total, approximately 80% of all cases are finalized by the second day. In the event that the final report is delayed, the pathologist may sign out the case pending special studies, and submit an addendum when the special studies are completed. It is the policy of the department for the pathologist to notify the submitting physician of a delay in sign out. The pathologist includes this notification (date, result reported pending final report and the physician that was notified) in the comment section of the report.

Gross descriptions are clear, concise and contain pertinent information regarding the type, size and/or weight, measurements and the extent of gross lesions and other information that may be essential to the diagnosis and patient care. A summary of sections noting block and slide designation is incorporated on every report. Additionally, the gross and microscopic findings support the final pathologic diagnosis.

The pathology report provides data, according to the information that is made available to the pathologist, for grading and staging of neoplasms in accordance with standard classification schemes. Correlation of special studies such as Electron Microscopy, Immunohistochemistry, Molecular Diagnostics and Cytogenetics are reported either on the original report or as an addendum and interpreted in the context of the original report.

Specimen correlation is available through standard Tamtron management reports.

NYU Hospitals Center
Tisch Pathology Department

Administrative Policy and Procedure Manual

Title: Retention of Pathology Records and Materials

Effective Date: 4/01/99
Revised: 11/02, 4/06

Date Reviewed: 4/06 Admin. Appr: SL Director Appr:
Date Reviewed: 7/07 Admin. Appr: JAL Director Appr:
Date Reviewed: 9/07 Admin. Appr: Director Appr:

Surgical glass slides, paraffin blocks, reports and requisition slips have not been discarded since 1959 and are retained indefinitely. They are rather stored at Comprehensive Archives Inc. (CAI), Queens New York. A detailed inventory log is maintained in the department for easy access. Surgical glass slides, paraffin blocks, reports and requisitions can be routinely obtained within a twenty-four period. Urgent requests however, are met within three hours. It is important to note that these materials are securely stored and can only be accessed by employees who have been granted clearance by the Director or the Administrative Director of Pathology.

Since the introduction of the Co-Path computer system in July 1991 and the Tamtron system in November 2002, pathology reports are archived in the Co-Path and Tamtron databases. Note: upon going live in Tamtron all CoPath reports were converted to Tamtron and accessible in Tamtron. Specimen requisitions are sent to CAI in numerically numbered folders. Pathology reports and requisitions prior to July 1991 are stored in hard covered bound volumes at CAI. Glass slides and paraffin blocks from 1959 to present are stored at CAI in numerical sequence.

The last three years of glass slides and one year of paraffin blocks are maintained in the departmental slide rooms and storage areas.

NYU Hospitals Center
Tisch Pathology Department

Administrative Policy and Procedure Manual

Title: Selection of Reference Laboratories

Effective Date: 5/98 **Revised: 2/00, 11/02, 4/06**

Date Reviewed: 5/06 Admin. Appr: SA Director Appr: [signature]
Date Reviewed: _____ Admin. Appr: _____ Director Appr: [signature]
Date Reviewed: _____ Admin. Appr: _____ Director Appr: _____

It is the responsibility of the Director of Surgical Pathology and the Director of Hematopathology, in consultation with the Hospital Quality Assessment & Improvement Committee, to select referral laboratories. The following is a list of outside laboratories that are utilized by the Department of Pathology for special studies that may not be available in the department:

Mayo Medical Laboratories, Rochester, NY
CAP LAP #18082-01 CLIA: 24D0404292

Genzyme Genetics, New York, NY
CAP LAP #4505601 CLIA: 24D0404292

Quest Diagnostics, Teterboro, NJ
CAP LAP #12041-01 CLIA: 31D0696246 NYSDOH PFI: 2499

Beth Israel Medical Center, NYC
CAP LAP #1224501 CLIA: 33D0667624 NYSDOH PFI: 3776

Bellevue Hospital Center, NYC
CAP LAP #1225501 CLIA: 33D0653357 NYSDOH PFI: 5174

ARUP Laboratories, Associated Regional & University Pathologists, Inc., Salt Lake City, Utah
CAP LAP #4096301 CLIA: 46D0523979 NYSDOH PFI: 4196

National Institute of Health/National Cancer Institute
CAP LAP #1335315 CLIA: 21D0716664

Selection of referral laboratories is based on a number of factors including quality of work, turnaround time, and clinical expertise. The Director of Surgical Pathology or Hematopathology, or a designee, assumes the responsibility of monitoring the quality of results received from all reference laboratories.

When a referral laboratory is used, its name and address is included as a permanent entry within the body of the pathology report. The essential elements of the referral report are included in the final report without alterations, since that may affect clinical interpretation. The original, hard copy report from the referral laboratory is filed and retained indefinitely with the Tisch Pathology requisition.

NYU Hospitals Center
Tisch Pathology Department

Administrative Policy and Procedure Manual

Title: **Availability and Request for Slides and Blocks**
CAP# ANP.05164

Effective Date: 7/94

Revised: 2/00, 11/02, 4/06

Date Reviewed: 4/06 Admin. Appr: SH Director Appr:
Date Reviewed: 2/07 Admin. Appr: SH Director Appr:
Date Reviewed: 4/08 Admin. Appr: Director Appr:

Policy: Currently, all surgical slides and paraffin blocks are retained indefinitely. The slides of recent cases (approximately 3 years) remain in the Pathology Department as are recent paraffin blocks (approximately 1 year.) Older slides and blocks are archived off-site and are available within 24 working hours. It is the policy of the department not to release paraffin blocks to other departments within the institution, or to outside institutions. Requests for all archived material must be made via e-mail to the Administrative Director of Pathology for approval. This includes cases for current case comparison, patient requests, research, legal purposes, and independent studies. All requests are either noted in the Tamtron system, or tracked in the Hematopathology Department. Requesters must return archived material within a reasonable amount of time (8 weeks, unless otherwise approved.)

Patient Requests: Original slides, after review by an attending pathologist, may be released to patients who present to the department to sign the Medical Records release form. Destination of the slides must be documented into the Pathology computer system. Administrative processing fee for each case is $45, which may be paid by check or cash at time of slide release.

Medico-Legal Requests: When a written request for review of pathology material for legal proceeding is received, the legal representatives may arrange to review slides, at a mutually agreed upon date/time, in the presence of an attending pathologist in the Department of Pathology. Subpoenas for pathologic materials (including slides, blocks, photographs, unstained section, copies of reports, etc.) are respected. Materials are released only with the approval of the Risk Management Office.

The Risk Management Office notifies the Pathology Department of all pending legal cases. All archived material is identified and sequestered in a secure location within the department. The Risk Management Department notifies Pathology when legal proceedings are resolved, at which time, the cases are returned to file.

Request of Materials for Clinical Trials:

The Department of Pathology is committed to supporting the research conducted through clinical trial. Clinical Trials coordinators must submit H#, protocol, and contact information to the department to keep on file. An attending pathologist selects representative slides, which may be picked up in the Department of Pathology. An administrative processing fee of $45 will be charged for each case, which may be paid via IOI at time of pick-up. Recut slides will be produced only with the permission of the Director of Surgical Pathology or Director of Hematopathology. An additional fee will apply.

Request for Materials for Research:

Pathology faculty may request materials for research and projects via e-mail to Administrative Director. Staff from other departments must submit IRB# and follow procedure to clinical trials.

New York University Hospitals Center
Tisch Anatomic Pathology

Administrative Policy and Procedure Manual

Title: Original Slides and Blocks Availability
CAP# ANP.05164

Effective Date: 7/94
Revised: 2/00, 11/02

Date Reviewed: 11/02
Date Reviewed: 11/03
Date Reviewed: 11/04
11/05

Admin. Appr:
Admin. Appr:
Admin. Appr:

Director Appr:
Director Appr:
Director Appr:

Policy:
All surgical slides and paraffin blocks are retained indefinitely. The slides of recent cases (approximately 3 years) remain in the Pathology Department as are recent paraffin blocks (approximately 2 years). Older slides and blocks are archived off-site and are available within 24 working hours.
It is the policy of the department not to release paraffin blocks to other departments within the institution, or to outside institutions. Original slides are not generally released, unless a lesion represented therein is not present in recut sections that are prepared for release to an outside person or institution.
Paraffin blocks will be stored in security cabinets with locks.

Procedure:
When a written request for review of pathology material for consultation or legal proceedings is received the attending pathologist responsible for the case or in their absence, the Director of Anatomic Pathology or another senior attending will select representative blocks for recuts, and if on microscopic examination they prove to have features similar to those seen in the original slides, they are sent to the requesting party. An inventory of material(s) sent is documented in the "Material Handling" option in Tamtron. All pertinent information regarding the name, address, date sent and the materials that are sent to all outside parties are documented. The name of the patient as well as the accession number is recorded on all materials.

A Tamtron report is compiled each month identifying instances in which original material has been sent so that a request for the return of the material can be initiated. Also, a photograph of the glass slide(s) is taken prior to send out of original material.

Legal Cases

Materials (slides, blocks, photographs, unstained sections, copies of reports etc.) requested for legal purposes are released only with the approval of the Risk Management Office. The Risk Management Office notifies the Pathology Department of all pending legal cases. All archived material is identified and sequestered in a secure location within the department. The Risk Management Department notifies Pathology when legal proceedings are resolved, at which time the case is retuned to file.

New York University Hospitals Center
Tisch Anatomic Pathology

Administrative Policy and Procedure Manual

Title: Frozen Section Consultation — Effective Date: 7/7/97
CAP# ANP. 03235, 03238, 03239, 03240, 03241, 03243, 03245 — Revised: 11/02

Date Reviewed: 11/03	Admin. Appr: [signature]	Director Appr: [signature]
Date Reviewed:	Admin. Appr:	Director Appr:
Date Reviewed: 11/05	Admin. Appr: [signature]	Director Appr: [signature]

Surgical consultations for the examination of frozen sections are submitted to Pathology with a specimen requisition. The specimen is accessioned in the Tamtron database in a timely manner. Anatomic Pathology specimens are accessioned with a "TS" prefix and Bellevue GYN and Neuropathology specimens are accessioned using a "TB" prefix.

All sections are obtained by the use of a cryostat. The sections are prepared and slides retain Tamtron the accession number. An Attending Pathologist will read the slides, review the patients pathology history in Tamtron and electronically sign out the case in Tamtron. A copy of the report is printed and sent to the Operating Room via the dumbwaiter. A copy of the frozen section consultation is retained in the Tamtron database indefinitely.

Additionally, the pathologist gives a verbal report to the submitting physician via an intercom system directly to the operating room. Before the verbal report is given, precautions are taken to ensure that the information is accurately transferred. This is accomplished by having the submitting physician repeat the verbal report to the pathologist. It is important to note that the patient's identification is routinely checked prior to the delivery of the verbal report.

The frozen section report is always incorporated into the final, electronically signed, surgical report. The frozen sections slides are permanently stained, mounted, properly labeled and retained with the rest of the case as part of standard practice.

Examples:

If speaking directly to the Surgeon:

1. This is Dr. (Pathologist) with a frozen section report for Dr. (Surgeon). Can you hear me?
2. May I give you a frozen section report on (Patient – Name and Specimen)?
3. Part (#), the (Tissue) is (Diagnosis).
4. Is that clear?
5. Please repeat that to me.
6. Thank you.

If speaking to an intermediary:

1. This is Dr. (Pathologist) with a frozen section report for Dr. (Surgeon). Can you hear me?
2. May I give you a frozen section report on (Patient – Name and Specimen)?

New York University Hospitals Center
Tisch Anatomic Pathology

Administrative Policy and Procedure Manual

Title: Frozen Section Turnaround Time
CAP# ANP.11535

Effective Date: 5/13/98
Revised: 5/99, 11/02

Date Reviewed: 11/02	Admin. Appr:	Director Appr:
Date Reviewed: 11/03	Admin. Appr:	Director Appr:
Date Reviewed: 4/04 11/30/05	Admin. Appr:	Director Appr:

As part of the departmental quality assurance/performance improvement program, Frozen Section turnaround time monitoring is conducted in Anatomic Pathology, by time stamp, after reporting the results to surgeons. 11/30/05

The time of specimen receipt, as well as the time reported to the surgeon are recorded, on the requisition slip, for all frozen section specimens. As frozen section diagnoses are electronically signed out a Tamtron-derived TAT report is available as well. The results are compiled for one randomly selected week of each month. The goal for turnaround time is fifteen minutes. At least 90% of frozen section interpretations are rendered within twenty minutes of receipt in the accessioning/frozen section area. The Director reviews the results and appropriate corrective action is taken and documented, if indicated.

NYU Hospitals Center
Perioperative / Procedural /Interventional Services
Interdisciplinary Process Standard

PROCEDURE FOR : **Anatomical Pathology, Processing of Specimens for**

PURPOSE: To guide the operating room, procedure or interventional unit staff member in the safe and proper collection of all anatomical surgical specimens.

SUPPORTIVE DATA:

1. Usual Anatomical Pathology laboratory hours are 7:00 a.m. to 6:00 p.m. Monday – Friday. When specimens are obtained during these hours from any of the operating rooms, procedural, interventional units, or areas where biopsies are performed (TH14W Transplant, HCC 14) they are sent to the laboratory for processing. If a specimen is collected after those hours, the specimen(s) in the appropriate container, with the designated medium, **and** with accompanying documentation, may be stored overnight in the TH6 OR refrigerator, or may be delivered to the gross room refrigerator accessed from the hallway outside room TH-475. It is essential that the correct forms are attached, and that the pathology log books in either of these locations are used.
2. A total of 3 labels are needed for any areas except the TH6 OR, where only 2 labels are needed: one for the specimen container, one for the log book and one for a separate sheet for the nursing attendant to identify the number of specimens for each patient. The specimens are hand carried to pathology at 11 am and 5:30 pm.
3. Specimens collected in the TH6 OR between 6:00 p.m. to 7:00 a.m. Monday-Friday, and any of the 24 hours on Saturday, Sunday, and holidays are placed in the TH6 OR pathology refrigerator in 10% Formalin. The assigned nursing personnel send the specimen(s) to the Pathology Laboratory the next working day. Large specimens unable to fit in the pathology refrigerator can be sent to the morgue.
4. Specimens are dissected and examined in the laboratory and not in the operating room except when necessary for an immediate surgical decision by the attending physician. Only the attending physician may cut and examine specimens in the operating room.
5. Specimen containers need to be an appropriate size fit for the specimen to reduce the risk of accidental contamination and specimen intactness.
6. The type of preservative used for optimal pathologic diagnosis is related to the category of specimens:
   a. Type I: Specimens are submerged in 10% fixative (Formalin);
   b. Type II Specimens are moistened only with non-sterile saline at room temperature;
   c. Type III Specimens are sent "fresh" to pathology. No saline or formalin is required.

   See **Addendum** for specific specimen types and type of preservative required.
7. Formalin must be kept at room temperature; heat could alter the molecular structure of the fixative. Formalin should not be mixed with saline.
8. The attending physician may request that a specimen be placed in a different medium other than what is described in #6. In these instances, the physician's name is documented on the pathology form and in the perioperative record.
9. The scrub person is responsible for:

a. Collecting the specimen from the surgeon, of physician performing the procedure, without over-manipulation,
b. Obtaining the correct name and location of specimen,
c. Verbally verifying the number of specimen(s) with the circulator,
d. Visually verifying the number of specimen(s) in the container(s).

10. The RN circulator is responsible for:
    a. Obtaining the specimen from the scrub person;
    b. Placing specimen in appropriate container with or without medium;
    c. Properly labeling the specimen container(s);
    d. Completing documentation;
    e. Verbally verifying the number of specimen(s) with the scrub person; and
    f. Visually verifying the number of specimen(s) in the container(s) with the scrub person.
11. Products of conception that are less than 24 weeks or less of gestation are sent to pathology and those that are 24 weeks or more are sent to the morgue. If the family requests products of conception less than 24 weeks for burial, the specimen is sent to the morgue directly. "Patient request for burial" is noted on the Pathology Form by the RN circulator.
12. See also **Interdisciplinary Structure Standards (Red tab)**
    VII, F Anatomical Specimens
    IX, A Patient Identification
    IX, B Critical Results Reporting
    Interdisciplinary Process Standards
    Procedures
    Frozen Sections, Processing of
    Identification of Patients for Procedures and When Obtaining Specimens for Diagnostic Testing Using Double Identifiers

EQUIPMENT:

1. Forms:
    a. Anatomical Pathology Form # 3565
    b. Rapid Preliminary Consultation # 3941 (as necessary)
    c. Miscellaneous form # 3335 (as necessary)
    d. Amputation form #VR20 (as necessary)
    e. Certificate of Spontaneous Termination of Pregnancy #VR17 (as necessary)
    f. Spontaneous Termination Worksheet #TH194 (as necessary)
    g. Permission for Hospital Disposition or Private Burial for Newborn and Stillborn Infants #NYUMC 3780 (as necessary)
    h. Certificate of Induced Termination of Pregnancy (#VR18) as necessary
2. Specimen containers
3. Saline (as necessary)
4. Formalin containers (as necessary)
5. Sterile specimen cups
6. Patient Labels
7. Specimen Log Book
8. Plastic bags (as necessary)

PROCEDURE:

1. Verify with the attending surgeon or physician transfer of specimen from sterile to unsterile field to ensure the specimen is not needed on the sterile field.

2. Verify the correct name and location of the specimen with the surgeon/physician prior to passing the specimen to circulating RN.

3 Hold unsterile specimen container approximately 6" away from the sterile field as the scrub staff places the specimen into the container held by the gloved circulator.

4. Cap the specimen container immediately and inspect the exterior for contamination.

5. Place sterile specimen cup removed from the sterile field and/or a specimen container that has been contaminated on its exterior into a plastic bag as these containers are considered contaminated.

6. Label the specimen container with a patient identification sticker handwriting the name of the specimen, date, OR number and type of medium, if any, on the patient label.

7. Indicate on pathology form the date of the procedure, the pre and post op diagnosis, the name of the specimen, location of the specimen, type of medium used if any, the attending surgeon's name, the OR number and stamp using patient card.

8. Place duplicate label for each specimen in the Pathology Log book handwriting the initials of the person sending the specimen, OR number, and the date and time specimen is sent to pathology from the 6th floor Main OR.

9. Specimens from TH10 are hand-carried to Pathology. at 11 am and at 5:30 pm from this unit, or when a

KEY POINTS:

3. Verbal verification of the number of specimens and visual verification of all specimens in containers must occur between the the scrub and the circulator.

6. Specimen container is labeled with patient label **only after** specimen is placed in container. Do not pre-label a container.

specimen is too large to fit on the dumbwaiter or in pathology refrigerator.

10. Alert pathologist and hand-write request on pathology form when patients request the products of conception be buried within 24 hours.

11. Send specimen to appropriate area:
    a. Pathology via dumbwaiter or hand-delivered;
    b. Pathology refrigerator or morgue; or to
    c. Chemistry via gravity drop system for urinary calculi.

DOCUMENTATION:

The RN completes information as indicated on the following forms:

1. Anatomical Pathology Form.
2. In ESI. computer and the Integrated Nursing Care Plan.
3. Note in the ESI. and Care plan when the attending surgeon, physician or their designee takes the specimen to the lab.
4. Miscellaneous Form or Transmittal Slip,
5. Two labels for urinary tract stones and send specimen to Chemistry.
6. Certificate of Spontaneous Termination of Pregnancy Form #VRI7 and a Spontaneous Termination Worksheet #TH194 Medical records Dept (Revised 2/01) for all patients with spontaneous Termination of Pregnancy inclusive of
    a. Missed abortions,
    b. Incomplete abortions, and
    c. Dilation and extraction (DE) for fetal demise.
7. Two (2) copies of the Permission of Private Burial for Newborn & Stillborn Infants Form #NYUMC 3780 must also be completed if burial is requested in addition to the Certificate of Spontaneous Termination of Pregnancy
8. Certificate of Induced Termination of Pregnancy form (#VR-18).

SAFETY/CORRECTIVE ACTION:

1. **IF** in doubt about the nature of a specimen or the type of medium required, **THEN** call the Pathology department for information.
2. **IF** an attending surgeon or physician indicates that he/she does not need the specimen for a diagnosis, **THEN** the specimen is still sent to Pathology indicating on the Pathology Form "no exam required."

REFERENCE:

Association of Operating Room Nurses. (2005). Safe specimen identification, collection and handling in perioperative settings (Guidance Statement). In: *Standards, recommended practices, and guidelines.* Denver, CO: AORN, 205-208.

_____. Recommended practices for standard & transmission-based precautions in the perioperative practice setting. In *Standards, recommended practices, and guidelines.* Denver, CO: AORN, 448.

Center for Medicare & Medicaid Services. (2004). *Condition of participation for hospitals.* Washington, DC: Department of Health & Human Services. 482.27(b)(3).

Joint Commission on Accreditation of Healthcare Organizations. (2006). *Comprehensive accreditation manual for hospitals: The official handbook.* Oak Brook, IL: NPSG 1, 1A; PC.3.3.230.

DEVELOPED BY: S. O'Reilly, MBA, CT (ASCP)
S. Titone, MSN, RN

APPROVED BY: _____
Director of Pathology

Patient Care Standards Council

Susan Bowes-Ferrer PhD, RN, CNAA-BC
Senior Vice President & Chief Nursing Officer

Chief Medical Officer

Executive Vice President & Chief Operating Officer

DATE ISSUED: September, 2000
Revised January, 2003
May 2006

REVIEW MONTH: May

7/07

DISTRIBUTION: Patient Care & Nursing Standards Manuals
TH6, TH10, HCC2, and L&D Operating Rooms
GI Endoscopy / Bronchoscopy
Skin & Cancer Clinic
14W Transplant Unit
Pathology Laboratory
Chemistry Laboratory
Cytology Laboratory
Microbiology Laboratory

Addendum

TYPE I Specimens
Formalin 10%

Aneurysm, contents of
Appendix
Bartholin Cyst
Biopsies except Lymph Node, Testicular, & Frozen Section
Biliary stones (Pathology Lab sends on to Chemistry Lab)
Blood Clots, Thrombi
Brain tissue
Bone
Bone Marrow biopsy (place only in Zenkers solution obtained from pathology)
Cardiac Tissue, Valves
Cartilage, Meniscus
Cataracts
Cone biopsy
Eye(s)
Finger
Foreskin
Gallbladder, biliary tissue, stones
GYN curettings
Hemorrhoids
Hernia Sac
Liver Biopsy
Muscle Biopsy
Nerve tissue
Ovarian tissue (less than 2 inches)
Pituitary tissue
Plaques
Polyps
Products of conception
Scalene Fat Pad
Scar tissue
Skin
Soft tissue tumors and biopsy
Spinal Cord tissue & tumors
Subcutaneous Tumors and Biopsy
Toe(s)
Vas Deferens
Veins
Ureter

TYPE II Specimens:
Saline (enough to keep specimen moist)

Adrenal Gland
Bladder (urinary)
Breast
Esophagus
Floor of Mouth Resection
Foot
Hand
Intestine
Kidney
Larynx
Lung
Lymph node dissection
Mandible
Maxilla
Melanoma (Exceptions: No solution for Drs Golomb, Roses, Shapiro & Harris)
Myoma (fibroid)
Omentum
Parotid gland
Pelvic Node
Spleen
Stomach
Submaxillary gland
Testes
Thymus
Thyroid Gland
Tongue
Tonsils and Adenoids
Note: Tonsils must be separated from each other (labeled Left and Right) **and** from the Adenoids. The adenoids may be placed together.
Uterus, tubes & Ovaries en bloc
Uterus
Fallopian Tubes
Vaginal Mucosa

Type III Specimens
No solution, Send to Pathology Immediately

Amputations of limbs, digits, toes, etc.
Foreign Bodies
Frozen Sections
Lymph Nodes
Testicular Biopsy
Estrogen –Progestin Receptor- use a Path form and Rapid Preliminary consultation form
Faxation Control

Placentas
- 7/19/07 add - 5%/BV

Ovarian tissue larger than 2 inches; endometrioma
Pacemaker
Prosthesis and Implants
Prostatic tissue

Miscellaneous
Send to Chemistry with a Miscellaneous Slip

Urinary tract stones

Type III Specimens
No solution, Send to Pathology Immediately

Amputations of limbs, digits, toes, etc.
Foreign Bodies
Frozen Sections
Lymph Nodes
Testicular Biopsy
Estrogen –Progestin Receptor- use a Path form and Rapid Preliminary consultation form
Faxation Control
Ovarian tissue larger than 2 inches; endometrioma
Pacemaker
Placenta
Prosthesis and Implants
Prostatic tissue

Miscellaneous
Send to Chemistry with a Miscellaneous Slip

Urinary tract stones

NYU Hospitals Center
Interdisciplinary Structure Standard
Perioperative / Procedural / Interventional Services

Element VII, F

VII. Patient Care Delivery, etc.

TITLE: F. Anatomical Specimens: Safe Specimen Identification, Collection & Handling in Perioperative /Procedural /Inteventional Suites

PURPOSES:

1. To identify responsibilities of the interdisciplinary team that are comparable across all settings.
2. To ensure that patient safety elements are included in the accurate identification of the specimen(s) pertinent to the specific patient.

SUPPORTIVE DATA:

1. Regulations and standards governing the Pathology Department include those of the Joint Commission on Accreditation of Healthcare Organizations, the Department of Health, the Centers for Medicare and Medicaid Services, and most stringently, the College of American Pathologists (CAP). The Association of PeriOperative Registered Nurses (AORN) has published a Guidance Statement: Safe Specimen Identification, Collection, and Handling in Perioperative Practice Settings (2004) that describes the patient safety elements, procedural steps, and key factors in these settings that are consistent with CAP expectations.
2. National Patient Safety Goals #1, Improve the accuracy of patient identification; #1A, Use at least two patient identifiers whenever administering medications or blood products; taking blood samples and other specimens for clinical testing, or providing any other treatments of procedures (2006) from JCAHO are implicit in the operational systems described.
3. NYU Hospitals Center has established that the two patient identifiers are the patient's first and last name, and date of birth (2003).
4. The chain of custody from the time of removal from the patient until receipt in the Pathology Department must be documented to ensure that the match of the specimen and the patient are consistent throughout the process.
5. All tissue samples and specimens must be sent first to the Pathology Department for dissection and/or analysis; the consent of the pathologist must be obtained prior to release of any excised tissue, organ or foreign bodies to another party. Products of conception of less than 24 weeks are sent to pathology. If however, the parents request burial, the fetus or product of conceptions will be sent by pathology to the morgue; parents are not sent to the pathology lab.
6. The Pathology Department includes Microbiology, Chemistry, Hematology and Cytology Laboratories.
7. The regulations of the Pathology department are strictly adhered to when processing all excised tissue and foreign bodies.
8. All specimens are opened in the pathology laboratory and not in the unit of the patient's location except when necessary for an immediate clinical decision.

9. Standard and Transmission Based Precautions are followed by all staff when handling specimens (AORN, 2005).
10. See also **Interdisciplinary Structure Standard (Red tabs)**
    IX, A Patient Identification
    IX, B Critical Results Reporting
    Interdisciplinary Process Standards
    Procedures (Light Blue tabs)
    Anatomical Pathology, Processing of Specimens for
    Calculi, Disposition of Urinary & Biliary
    Cytopathology, Processing of Specimens for
    Dumbwaiter on TH6, Use of
    Foreign Bodies, Removal of
    Frozen Section, Processing of Specimens for
    Identification of Patients for Procedures and When Obtaining Specimens for Diagnostic Testing Using Double Identifiers
    "Open & Return" Anatomical Specimens, Handling of
    Teeth, Planned & Unplanned Removal of

I. COLLABORATIVE ACCOUNTABILITIES:

NYU Hospitals Center staff are responsible for:

1. Diligently promoting and supporting patient safety specifically as pertaining to accurate identification of patients and specimens removed from them to ensure accurate diagnosis and treatment, adhering to the NYUHC standard (IX, A Patient Identification).
2. Appropriately and promptly communicating with each other regarding the identification, collection, and handling of each individual specimen, ensuring a secure chain of custody.
3. Working collaboratively to improve the quality and performance of specimen identification, collection, handling, and results communication to the health care provider who is responsible for provider that information to the patient or appointed representative.

II. PHYSICIAN OF RECORD ACCOUNTABILITIES:

The attending surgeon, interventionalist, or physician of record is responsible for:

1. Excising the correct specimen;
2. Notifying the staff of the correct specimen name, side (if applicable) and any other identifiable descriptions (i.e. medial, superior, lateral), and doing so for each individual specimen;
3. Adhering to principles of aseptic technique with standard and transmission-based precautions;
4. Confirming an accurate count of specimens taken when the scrub and circulating staff demonstrate a variance between them;
5. Reviewing the results of the pathologists' examination and communicating this to the patient or the designated representative;
6. Submitting appropriate microscopic material from other institutions to the relevant Department of Pathology laboratory or reference lab approved by the department prior to

initiating surgical, radiation, chemotherapeutic or other medical intervention; this may only be waived by the attending physician in an emergency (NYUHC Rules & Regulations of the Medical Staff).

III. NURSING STAFF ACCOUNTABILITIES:

The nursing staff in surgical, procedural, and interventional areas, or at the bedside in some specific instances, are responsible for:

1. Ensuring custody for specimen(s) when in his or her possession;
2. Affirming the correct name of the specimen with the physician;
3. Verbally verifying the number of specimen(s) from patient;
4. Selecting the correct container type;
5. Visually inspecting the specimen(s) in the container;
6. Inserting the appropriate medium for the type of specimen;
7. Completing accurate documentation on respective forms per process standards for each specimen;
8. Ensuring correct and timely transport of the specimen to the Pathology Laboratory noting who has possession by title, date, and time, from point to point, using a pathology or specimen log for reference in the chain of custody;
9. Requesting leadership or physician assistance for double verification of identification when there is only one staff person involved in a procedure; and
10. Communicating immediately with the attending physician and leadership if any variances in count occurs.

IV. NURSING LEADERSHIP ACCOUNTABILITIES:

Nursing leadership are responsible for:

1. Serving as the second staff for verification of specimens when there is only one involved in the case, and the physician of record is not available; and
2. Assisting with the retrieval of a specimen when a variance is detected.

V. PATHOLOGY DEPARTMENT ACCOUNTABILITIES:

The Pathology Department staff is responsible for:

1. Establishing and communicating current standards regarding the processing of specimens including:
   a. Expected labeling of a specimen(s),
   b. Type of medium / preservative for categories of specimens, and
   c. Appropriate documentation required;
2. Notifying nursing leadership and respective disciplines of variances in the provision of specimens, identification, or processing;
3. Communicating results promptly to the attending physician per established criteria;
4. Providing complete reports of findings for the patient's record, and
5. Providing Telecommunications with the on-call list of pathologists available for emergencies, including a histotechnologist for transplant biopsies on weekends.

REFERENCES:

American Nurses Association. (2004). *Standards & scope for nurse administrators.* Washington, DC: ANA, 15-29.

American Nurses Credentialing Center. (2005). *Magnet recognition program.* Washington, DC: ANCC. Forces of Magnetism: Quality of Care, Interdisciplinary Relationships.

Association of Operating Room Nurses. (2005). Safe specimen identification, collection and handling in perioperative settings (Guidance Statement). In *Standards, recommended practices, and guidelines.* Denver, CO: AORN, 205-208.

_____. (2005). Standard and transmission-based precautions in the perioperative practice setting (Recommended Practices). In *Standards, recommended practices, and guidelines,* Denver, CO: AORN, 447-448.

Center for Medicare & Medicaid Services. (2004). *Condition of participation for hospitals.* Washington, DC: Department of Health & Human Services. 482.27(b)(3).

Fortunato-Phillips, N. (2004). (10th Edition). Fundamentals of theory and practice: Preparation of specimens; Surgical asepsis and sterile technique: Care of specimens, in *Berry and Kohn's operating room technique.* St. Louis: Mosby, 44, 256

Joint Commission on Accreditation of Healthcare Organizations. (2006). *Comprehensive accreditation manual for hospitals: The official handbook.* Oak Brook, IL: NPSG 1, 1A; PC.3.3.230.

Rothrock, J.C. (2003) (12th Edition). Foundations for practice: Care and Handling of Specimens, in *Alexander's care of the patient in surgery.* St. Louis: Mosby, 36.

DEVELOPED BY: S. Bowar-Ferres, PhD, RN, CNAA, BC
J. Cangiarella, MD
S. Hofstetter, MD
S. O'Reilly, MBA, CT (ASCP)
S. Titone, MSN, RN

APPROVED BY: Patient Care Standards Council

Susan Bowar-Ferres PhD RN CNAA BC
Senior Vice President & Chief Nursing Officer

Chief Medical Officer

Executive Vice President & Chief Operating Officer

DATE ISSUED: May, 2000
Revised January, 2003
May 2006

REVIEW MONTH: May

7/09/07

DISTRIBUTION: Patient Care & Nursing Standards Manuals
TH6, TH10, HCC2, L & D Operating Rooms
GI Endoscopy / Bronchoscopy

Clinical Cancer Center & HCC14
Emergency Department
Interventional Radiology
Skin & Cancer
TH14W Trasnplant Unit
Patient Care Units
Pathology Laboratory
Chemistry Laboratory
Cytology Laboratory
Microbiology Laboratory

NYU Hospitals Center
Perioperative & Interventional Services
Interdisciplinary Process Standard

PROCEDURE FOR: **Frozen Sections, Processing of**

PURPOSE:

1. To guide the RN in how to accurately obtain, document, and send specimens to the Pathology Department for frozen analysis.

SUPPORTIVE DATA:

1. Tissue samples which are frozen for pathological analysis provide the means for preliminary diagnosis during the intraoperative phase of a patient's surgery or procedure.
2. To achieve the rapid results desired, tissue designated for frozen section requires prompt and accurate processing.
3. The preliminary report provided by the frozen section(s) may alter the surgical procedure.
4. There is a pathologist on call who can be reached via Telecommunications for assistance during hours that the pathology laboratory is not open.
5. Registered nurses and surgical technologists who are instructed in this procedure may carry it out.
6. See also **Interdisciplinary Structure Standards (Red tab)**
   VII, F Anatomical Specimens
   IX, A Patient Identification
   IX, B, 1 Critical Results Reporting
   Interdisciplinary Process Standards
   Procedures
   Dumbwaiter on TH6 Main OR, Use of the
   Identification of Patients for Procedures and When Obtaining Specimens for Diagnostic Testing Using Double Identifiers

EQUIPMENT:

Anatomic Pathology Form # 3565
Rapid Preliminary Consultation Forms #GS3941
Patient Labels (2) (pre-printed with patient information)
Single specimen containers
Biohazard Specimen bags (if necessary)
Sterile marking pen

PROCEDURE:

1. The scrub staff member accepts each specimen from the surgeon and identifies it verbally with the surgeon.

KEY POINTS:

1. The correct name(s) and location(s) of the specimen(s) is imperative for accuracy.

2. The scrub staff member labels the specimen container(s) with a marking pen to ensure appropriate identification of the specimen(s) while it remains on the surgical field. The specimen may also be passed to the RN circulator who holds a specimen cup, one for each specimen.	2. The labeling of multiple specimens ensures identification accuracy while the specimen is on the sterile field.
3. The scrub staff member identifies the specimen to the RN circulator who accepts each specimen wearing non-sterile gloves.	3. The RN circulator wears non-sterile gloves as protection from contamination.
4. The RN circulator applies a patient label to each specimen container. If the outside of the container is contaminated, a plastic bag may be used for transport.	4. Labeling of the specimen container ensures the chain of custody of precise identification for accuracy of the patient's diagnosis.
5. The RN circulator attaches the appropriate paperwork to the specimen container.	5. Each container must have completed paperwork attached.
6. In the Main OR, the RN circulator calls the front desk to alert leadership of the frozen section of readiness to transport. In TH10, HCC2, and L&D, the RN calls the Pathology Lab directly from the OR suite.	6. Calling Pathology ahead of time alerts the lab staff to anticipate the arrival of the specimen and allows that dept. to prioritize specimen processing.
7. In the Main OR, the RN circulator sends the specimen(s) to Pathology via the dumbwaiter. In TH10 and HCC2, leadership is notified to arrange for transport of the specimen(s) for frozen section.	7. Contacting leadership ensures prompt arrival of the specimen(s) at the Pathology Lab.
8. The pathologist uses the intercom system to contact the surgeon with the results of the frozen section.	8. The intercom volume needs to be increased where applicable for audible communication. This allows the pathologist to relay the diagnosis to the surgeon. If the patient is awake for the procedure, write this information ("patient awake") on the pathology form and have the surgeon use thetelephone handset on the intercom to accept the patient's diagnosis.
9. The Rapid Preliminary Consultation Form (white copy) is placed on the patient's chart when it arrives from the lab.	9. The Rapid Preliminary Consultation Form provides the initial documentation of the frozen section results.

DOCUMENTATION:

The RN circulator:

1. Stamps the Anatomic Pathology Form with the patient's addressograph.
2. Writes "Frozen Section" on each separate specimen in the box labeled "Nature of Specimen."
3. Notes each Rapid Preliminary Consultation Form with the identity of the specimen and all other pertinent information on every specimen.
4. Writes the room number and intercom number on each Rapid Preliminary Consultation Form to ensure that the pathologist calls that room with the interpretive results.
   a. If the intercom is not working, a written report from the pathologist is the only acceptable means of receiving a diagnosis for the surgeon to proceed.
5. Ensures that there are 2 addressographed labels for each specimen, and places
   a. One on the specimen container, to include the name of the specimen, date, OR room number, and "Frozen Section" written on the label, and
   b. One in the Specimen Log Book, duplicating the information on the first label, and Including the circulating RN initials, date, time, and OR room number.

REFERENCES:

American Nurses Credentialing Center. (2005). *Magnet recognition program.* Washington, DC: ANCC. Force of Magnetism: Quality of Care.

Association of Operating Room Nurses. (2005). Safe specimen identification, collection and handling in perioperative settings (Guidance Statement). In: *Standards, recommended practices, and guidelines.* Denver, CO: AORN, 205-208.

Center for Medicare & Medicaid Services. (2004). *Condition of participation for hospitals.* Washington, DC: Department of Health & Human Services. 482.27(b)(3).

Fortunato-Phillips, N. (2004). *Berry and Kohn's operating room technique.* St. Louis: Mosby.

Joint Commission on Accreditation of Healthcare Organizations. (2006). *Comprehensive accreditation manual for hospitals: The official handbook.* Oak Brook, IL: NPSG 1, 1A; PC.3.3.230

DEVELOPED BY: S. Hofstetter, MD
M. Malizioso, BSN, RN
S. O'Reilly, MBA, CT (ASCP)
S. Titone, MSN, RN

APPROVED BY: Patient Care Standards Council

Susan Edwards-Ferrell PhD, RN, CNAA-BC
Senior Vice President & Chief Nursing Officer

Chief Medical Officer

Executive Vice President & Chief Operating Officer

DATE ISSUED: August, 1999
Revised January 2003
May 2006

REVIEW MONTH: May

7/9/07

DISTRIBUTION: Patient Care & Nursing Standards Manuals
TH6, TH10, and HCC 2, L & D Operating Rooms
Pathology Laboratory